



CLARK COUNTY CITY OF VANCOUVER HOME CONSORTIUM PROJECT APPLICATION

1. TITLE:**PROJECT SPONSOR:**

Name

Address

Contact

Title

Phone/FAX Numbers

Signature

FOR STAFF USE ONLY:

Project No.

Date Received _____ Time

Eligible ☐ Yes ☐ No**2. SUMMARY OF PROBLEM:** (1-2 sentences)**SUMMARY OF PROJECT SOLUTION:** (1-2 sentences)**3. Check ONE ACTIVITY TYPE:**☐ Acquisition☐ New Construction☐ Conversion☐ Pre-developmentIs organization applying as a CHDO? ☐ Yes ☐ No**4. TARGET POPULATION INCOME LEVEL (number of units):**

At or below 80% of median _____

At or below 60% of median _____

At or below 50% of median _____

At or below 30% of median _____

No income _____

Total units _____

5. COST:

Total funds requested \$ _____

Total dollar value other resources \$ _____

TOTAL COST: \$ _____

6. **PROJECT DESCRIPTION** (Total Points Possible: 30)

7. **PROPOSED PROJECT FUNDING** (Total Points Possible: 25)

8. **DESBRIE LOCAL PLANS AND POLICIES AS THEY RELATE TO THIS APPLICATION** (Total Points Possible: 10)

- ☐ Increase the supply of housing affordability to renter households earning 50% or less of the area median family income.
- ☐ Promote homeownership for low - and moderate-income households earning less than 80% of the area median family income.
- ☐ Create additional housing options and increased opportunities for self-sufficiency for low-income elderly persons, persons with disabilities and or special needs, and public housing residents.
- ☐ Preserve, whenever cost-effective, existing affordable housing units threatened with loss due to condition, location, land use regulations, or other situations
- ☐ Provide priority need level of the proposed activity based on Table 49 Priority Housing Needs Summary Table of the 2000-2004 Clark County/Vancouver Consolidated Housing and Community Development Plan.

9. **ANTICIPATED OBJECTIVE, MEASURABLE OUTCOME(S)** (Total Points Possible: 10)

10. **MANAGEMENT ABILITY** (Total Points Possible: 10)

11. **WORKPLAN AND SCHEDULE** (Total Points Possible: 5)

Are 5% of the total units handicapped accessible? (minimum one unit) ☐ Yes ☐ No

Are an additional 2% of the units accessible for sight and hearing impaired?
(minimum one unit) ☐ Yes ☐ No

12. CLARK COUNTY HOUSING PROGRAMS - Committed and Conditional Funds Form

Fund Source	Committed*	Conditional*	Proposed
State HTF Program	\$		
	\$		
Other	\$		
	\$		
Clark County HOME	\$		
	\$		
Federal	\$		
	\$		
Local Government (nonfederal)	\$		
	\$		
Applicant	\$		
	\$		
Private	\$		
	\$		
Subtotals	\$	\$	\$
TOTAL PROJECT COST	\$		

* Please explain in detail the uses, terms, dates and conditions of conditional commitments

Calculate HOME Match

HOME Request \$ _____ x 25% = \$ _____ (Match Required)

13. ECONOMIC CHARACTERISTICS OF NEIGHBORHOOD (Total Points Possible: 5)

Census Data _____ Points from Census Tract (see detail in instructions)

How close is the proposed project site to:

Elementary School (<i>name</i>)	_____ Miles
Middle School (<i>name</i>)	_____ Miles
High School (<i>name</i>)	_____ Miles
Retail/commercial facilities (food and drug)	_____ Miles
Public transportation	_____ Miles
Identify the nearest bus stop	_____ Feet
Health facilities	_____ Miles

Does the property meet local zoning requirements?
Attach copies of any permits or licenses.

14. **ASSOCIATED SERVICES** (Total Points Possible: 5)

15. ACQUISITION (Total Points Possible: 0 to -20 if relocation is involved.)

Property Status: ☐ Privately Owned
 ☐ Publicly Owned
 ☐ Vacant Structure
 ☐ Vacant Property

Project Location (attach map)

APPENDIX #3

16. STATUS OF PREVIOUS PROJECTS (last 5 years) funded with Clark County Consortium HOME Funds. Please explain any deviations from your proposed project.

Year	Project	Proposed Units	Proposed Completion Date	Completed Units	Completion Date

17. CHDO REQUIRED DOCUMENTATION (No Assigned Points)

Please submit the following information with your application:

- a copy of current Charter, or Articles of Incorporation;
- current 501(c)(3) or (4) Certificate from the IRS;
- a notarized statement by the president or chief financial officer of the organization or a certification from a Certified Public Accountant showing that the CHDO conforms to the financial accountability standards of 24 CFR 84.21, "Standards for Financial Management Systems";
- the organization's by-laws, resolutions, or a written statement of operating procedures approved by the governing body showing that the CHDO provides a formal process for low-income, program beneficiaries to advise the organization in all of its decisions regarding the design, siting, development, and management of affordable housing projects; and
- the following table filled out for each board member. The address and income information should not be more than six months old. Attach copies of the income self-certification.

CHDO Board Members

Board Member	Address	Public Official	Low Income	Low Income Area

(Enter board member name, income or resident low-income location (51% low/mod))

(No more than 1/3 of the board members may be public government officials)

Income Limits

Family Size	Income
1	\$36,850
2	42,100
3	47,400
4	52,650
5	56,850
6	61,050
7	65,250
8	69,500

USES OF FINANCES - ALL FUND SOURCES

Source	Fund Amount	Terms and Conditions
A. HOME funds		
B.		
C.		
D.		
E.		
F.		
TOTAL		

Shaded areas in table indicate a line item that is not eligible for HOME funding

PROJECT COSTS					
Itemized Cost	Total Cost	HOME Source A	Source B	Source C	Source D
1. Acquisition Costs					
a. Purchase Price					
b. Closing/Title/Recording costs					
c. Legal					
Subtotal					
2. Development Costs					
a. Appraisal					
b. Architect/Engineer					
c. Geotechnical Study					
d. Boundary Survey					
e. Developer Fee					
f. Environmental Survey					
g. Project Management					
h. Technical Assistance					
i. Legal					
j. Other (Specify)					
Subtotal					

PROJECT COSTS					
Itemized Cost	Total Cost	HOME Source A	Source B	Source C	Source D
3. Construction/Rehab a. Basic Construction Contract b. Bond Premium c. Infrastructure Improvements d. Construction Contingency e. Site Work f. New Building g. Rehabilitation h. Hazardous Materials Abatement i. Lead-based Paint j. Building Permits k. Project Management l. Other (Specify) Subtotal					
4. Other Development Costs a. Construction Insurance b. Construction Interest c. Loan Origination Fee d. Developer Fee e. Relocation f. Technical Assistance g. Real Estate Tax h. Bidding Costs i. Permits/Fees/Hookups j. Impact/Mitigation Fees k. Development Period l. Other Loan Fees (WCDLF, State HTF, etc.) m. LIHTC Fees n. Accounting o. Marketing/Leasing Expenses p. Carrying Costs at Rent Up q. Operating Reserves r. Other (Specify) Subtotal					
TOTAL COSTS					

APPENDIX #3

18. HOUSING OPERATING BUDGET

Name of Organization: _____

CLARK COUNTY HOUSING OPERATING BUDGET																				
Project Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Residential Income Unit Type/Number/Rent x 12																				
Gross Potential Income																				
Less Vacancy Rate (___%)																				
Net Rental Income <i>(GPI – Vacancy)</i>																				
Other Revenue (Describe)																				
Effective Gross Income <i>(Net Rent + Income + Other Revenue)</i>																				

APPENDIX #3

CLARK COUNTY HOUSING OPERATING BUDGET																				
Project Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Operating Expenses																				
Insurance																				
Heat																				
Electric																				
Water and Sewer																				
Garbage Removal																				
Repairs																				
Maintenance																				
Operating Reserve (Housing)																				
Replacement Reserve																				
Real Estate Taxes																				
Management																				
Other																				
Total Operating Costs																				
Total Operating Costs/Unit																				
Total Operating Costs as % of EGI																				
Net Operating Costs (Income – Total Costs)																				

APPENDIX #3

CLARK COUNTY HOUSING OPERATING BUDGET																				
Project Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Debt Service (__% on _____ for __ years)																				
Debt Service (__% on _____ for __ years)																				
Debt Service (__% on _____ for __ years)																				
Cash Flow Per Year																				

RENT WORKSHEET						
	Number of units	Size	Household Size	Proposed Monthly Rent	Tenant Paid Monthly Utilities	Total Monthly Rent and Utilities
		SRO				
		1 bed				
		2 bed				
		3 bed				
		4 bed				
		5 bed				
TOTAL						

List Operating Subsidies

Financial Checklist—please complete the following:

Vacancy Rate _____

Maintenance & Repair per unit cost \$_____

Project Management Fee (5-7%) _____

Operating Expenses (40-50% gross revenue) _____

Debt Coverage Ratio (<1:1.025) _____

Developer Fee _____

Number of Units _____

Break Even Percentage _____

(Gross Potential Income / Total Operation Costs + Debt Service)